

Interchange Shoalhaven Inc.

Consumer Services: Incidents/Critical Incidents

1.0 PURPOSE

- 1.1 To ensure that incidents and critical incidents are handled in the correct way, are documented clearly, monitored, evaluated and acted on.

2.0 SCOPE

- 2.1 All programs and departments in Interchange Shoalhaven

3.0 RESPONSIBILITIES

- 3.1 It is the responsibility of all staff to ensure all incidents are documented on the correct form and placed in the In Tray at the Interchange office within 24 hours of the incident occurring.
- 3.2 It is the responsibility of the Coordinator to review all incidents.
- 3.3 It is the responsibility of the office manager to log them on the Incident Register
- 3.4 It is the responsibility of the Coordinators to evaluate all incidents and take appropriate actions to minimise the risk of repeat incidents
- 3.5 It is the responsibility of the Coordinator to provide individual incident reports to families

4.0 PROCEDURE

- 4.1 An incident can occur at any time and must be documented by the staff member(s) witnessing the incident and/or directly involved in the event.
- 4.2 The incident can involve one or more parties and can be deemed critical or just an incident.
- 4.3 A Critical Incident is an event that:
- 4.3.1 Involves injury to a consumer, staff member, member of the public or carer that requires some form of medical attention and happens during an Interchange Shoalhaven program, while on Interchange Shoalhaven premises or where the staff member is travelling to or from work
 - 4.3.2 Requires emergency services to be contacted
 - 4.3.3 Requires immediate contact of the person(s) family
 - 4.3.4 Places a consumer(s), staff member(s), other party(s) at risk of harm
 - 4.3.5 Has caused major damage to a Interchange Shoalhaven property or vehicle
- 4.4 An Incident is an event that:
- 4.4.1 Requires minor medical attention (eg application of band aid, pressure to stop nose bleed that was not caused by another consumer)
 - 4.4.2 Has caused minor damage to a Interchange Shoalhaven Facility or Vehicle
 - 4.4.3 Is a near miss. This is when there was the potential for a critical incident but was avoided either by good fortune or management

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4.5 Contacts

4.5.1 In the event of a Critical Incident or Incident staff must follow reporting procedures.

4.5.1.1 Where the event requires an ambulance/fire Brigade/Police to be called a staff member must immediately call 000 and then follow the emergency response procedure

4.5.1.2 Where a consumer is injured, the event is deemed critical but does not require emergency treatment the family of the consumer should be contacted immediately

4.5.1.3 Where a consumer's behaviours are deemed by staff to be putting themselves, other consumers, the community or Interchange Shoalhaven property at serious risk of harm the family of the consumer must be immediately contacted by the coordinator.

4.5.1.4 Where an event has resulted in the death or hospitalisation of a consumer, worker or other party the coordinator must be immediately contacted. The coordinator is to contact the Manager who will inform the Board.

4.5.1.5 Where the incident is not deemed critical the report is to be written, the consumer's activity report noted and the carers informed either when they collect the person or the person is dropped off by Interchange Shoalhaven staff

4.5.1.6 Where the matter creates media attention, any enquiries are not to be answered by staff but directed to the Manager or board.

4.6 Reporting

4.6.1 When ever an incident/critical incident occurs the Incident/Accident form is to be completed by staff witnessing the incident. The key details to be included are:

4.6.1.1 Date and time of incident

4.6.1.2 Parties involved

4.6.1.3 What occurred immediately prior to the incident

4.6.1.4 The incident

4.6.1.5 Duration of the incident

4.6.1.6 Outcome of the incident

4.6.1.7 Suggested solutions to minimise risk of incident occurring again

4.6.2 Where there are two or more parties involved in the incident (e.g. Consumer A hits Consumer B) an incident report is to be completed for each person involved.

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- 4.6.3 Any incident report(s) is/are to be completed prior to the end of the shift and placed in the In tray of the Interchange office within 24 hours
- 4.6.4 The office Manager is to remove all incident reports from the In Tray and record each incident on the Incident Register.
- 4.6.5 The Coordinator is to complete the Incident Report including recommendations
- 4.6.6 The Coordinator is to complete a summary report for each carer of parties involved ensuring confidentiality of other parties involved is maintained

- 4.7 Incidents causing injury to others
 - 4.7.1 Where an incident has caused an injury. The Incident is to be investigated and an investigation form to be completed and forwarded to the manager

- 4.8 Evaluation and Monitoring
 - 4.8.1 All incident reports are to be recorded in the incident register by the office manager
 - 4.8.2 The incident register is to be reviewed at each Care Meeting (CM).
 - 4.8.3 Incident reports raised at the previous CM meeting are to be reviewed to ensure action items raised have been completed or have progressed if the outcome exceeds 1 month. Registered incidents that have been satisfactorily dealt with are to be closed off and the outcome recorded
 - 4.8.4 New incidents are to be reviewed and recommendations discussed. This may involve reviewing similar incidents and identifying any trends.
 - 4.8.5 Outcomes may include:
 - 4.8.5.1 Identifying procedural gaps
 - 4.8.5.2 Identifying changes to documentation
 - 4.8.5.3 Identifying training needs
 - 4.8.5.4 Identifying a need to meet with consumers and/or carers to discuss behavioural issues
 - 4.8.5.5 Identifying areas where staff have failed to follow procedures
 - 4.8.6 Once the issue has been identified action items relating to the incidents are to be recorded including responsibility and timeframe.
 - 4.8.7 Incidents occurring each month are to be discussed at the Staff General Meeting. Staff are to be given the opportunity to discuss the incidents and possible outcomes to minimise the risk of the incident reoccurring.

REFERENCE DOCUMENTS

[Any Reference Documents](#)